Name In Full — Certificate of Death

Russel Arwood

Died at Manchester — Town — County Carroll — MARYLAND

Date 1904 Month May Day 13	Age Y. 1 M. 2 D.	Native of America	Occupation —

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living 0

Husband / Wife of

Father's Name Joseph Arwood

Mother's Maiden Name Elmira Martin

Cause of Death — Primary Gastritis — How long sick Three weeks

Immediate Convulsions — Accident, Suicide, Homicide

Reported by J. H. Preston M.D. Manchester Md

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79995

Name in Full

Catherine E. Babylon

Certificate of Death

Died at Town: near Taneytown County: Carroll MARYLAND

Date 19 64 Month: 5 Day: 23 Age Y.: 65 M.: 4 D.: 2 Native of: Md. Occupation: Retired

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name: Samuel Babylon Mother's Maiden Name: Susan Slider

Cause of Death — Primary: Valvular disease Heart — How long sick: Several weeks

Immediate: Heart failure.

~~Accident, Suicide, Homicide~~

Reported by G. H. Lees, M.D.

Address: Taneytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79808

Name in Full

Certificate of Death

Still born twin infant of Frank Barnes

Died at Town: Sykesville County: Carroll MARYLAND

Date 1904 Month: May Day: 29 | Age Y. 0 M. 0 D. 0 | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of —
Wife

Father's Name Frank Barnes | Mother's Maiden Name Mamie Hatfield

Cause of Death — Primary: Still born twin not fully developed. Breathed some time. | How long sick —

Immediate | ~~Accident, Suicide, Homicide~~

Reported by M D Morris. M.D.

Address Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Robert Bartholow Sr.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: New Windsor — Town — County: Carroll

Date of death: 1904 — Month: May — Day: 10 — Age: Years 78 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death: Phila. Pa "

Married, Single or Widowed: Married — Name of Wife or Husband: dont know

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information: Henry A Mearo from. — How related to deceased: No

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Oedema of Lungs — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: N. Joseph Heaser

Address: Philadelphia Penna

Accident or Suicide? N

LIBRARY BUREAU A85516

H. Bankard Sec.

Undertaker

Name in Full: Jacob Bifler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westminster — County: Carroll

Date of death 1904 — Month: May — Day: 8 — Age — Years: 81 — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Retired Merchant — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife ~~or Husband~~: Rachel Reese

Father's Name: George Bifler — Father's Birthplace: Md

Mother's Maiden Name: Lydia Fleckinger — Mother's Birthplace: Md

Name of person giving Imformation: Larissa Bifler — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. H. Billingslea

Address: Westminster Md.

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full Certificate of Death

Mary Bloom

Died ~~at~~ near Town Bloom County Carroll MARYLAND

Date 1904 - Month 5 - Day 14 | Age Y. 87 - M. D. | Native of Md. | Occupation House Wife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living Two,

Husband of Wife

Father's Name William Duderar | Mother's Maiden Name Margaret Duderar

Cause of Death: Primary Inflammatory Rheumatism | How long sick 7 weeks,

Immediate

~~Accident, Suicide, Homicide~~

Reported by H. P. F. Brooks M.D.

Address Marston Carroll Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Madalin Brothers

CERTIFICATE OF DEATH

MARYLAND

48

Died at: Town: Westminster — County: Carroll

Date of death: Month: May — Day: 9 — Year: 1904

Age: Years: — Months: — Days: 27

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing If not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: James Brothers — Father's Birthplace: Maryland

Mother's Maiden Name: Susan Rowlson — Mother's Birthplace: "

Name of person giving Imformation: James Brothers — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions — How long: 18 hrs

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas R Foutz

Address: Westminster Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Boards

Hands Board

Shower

Name in Full: Noah C. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): near Silver Run — County: Carroll

Date of death: 1904 — Month: May — Day: 25 — Age: Years 61 — Months 2 — Days —

Sex: Male — Color or Race: White — Birthplace: Ind —

Occupation: Farmer — Where Residing if not at place of death: Carroll Co. Ind.

Married, Single or Widowed: married — Name of Wife or Husband: Alice Kohler

Father's Name: Joseph Brown — Father's Birthplace: Ind

Mother's Maiden Name: Mary Shafer — Mother's Birthplace: Ind

Name of person giving information: Alice Brown — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Kidney & Bronchial — How long

Immediate: Dropsy — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Richard M. Shreve

Address: Littlestown Pa.

Accident or Suicide?

LIBRARY BUREAU A88316

Name In Full

Certificate of Death

Infant of Marcessus Collins

Died in Town: Eldersburg County: Carroll MARYLAND

Month	Day	Age Y.	M.	D.	Native of	Occupation
May	22	—	—	—	—	—

Date 1904

~~M~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband of —

Wife —

Father's Name Addison Royster

Mother's Maiden Name Marcessus Collins

Cause of Death: Primary Still born. Twin

Immediate birth.

How long sick —

~~Accident, Suicide, Homicide~~

Reported by W. D. Morris

Address Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Rose Downs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Sykesville — County: Carroll

Date of death: Month 5 — Day 15th — 1904

Age: Years 49 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Husband: Robert M. Downs

Father's Name: Roswell Jacobs — Father's Birthplace: Va.

Mother's Maiden Name: Not known — Mother's Birthplace: Md.

Name of person giving information: Robert M. Downs — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: Over One year

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M.D.

Address: Springfield State Hospital, Sykesville, Carroll Co. Md.

Accident or Suicide? No.

LIBRARY BUREAU A69816

Name in Full — Certificate of Death

Marion Duvall

Died at Woodbine (Town) Carroll (County) MARYLAND

Date 1904	Month 5	Day 13	Age Y. 23	M. *	D. *	Native of Md	Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Geo W Duvall — Mother's Maiden Name Elizabeth Hatfield

Cause of Death — Primary

Immediate Accidental B&O RR — How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if [illegible] by an attending [illegible], coroner, undertaker or minister.

Hans F. Cowles Coroner

LIBRARY BUREAU, 79893

Name in Full: Anna Margaret Fink

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taneytown — County: Carroll

Date of death: Month: May — Day: 5 — Years: 74 — Months: 10 — Days: 1

Age

Sex: Female — Color or Race: White — Birthplace: Pennsylvania

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: William J. Fink

Father's Name: John Smith — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Elizabeth Miller — Mother's Birthplace: "

Name of person giving Imformation: William J. Fink — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senicles — How long:

Immediate: old age — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. Bair

Address: Taneytown Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full

Certificate of Death

Ernest Idrobo

Died at Manchester — Carroll MARYLAND

Town — County

Date 1904	Month May	Day 13	Age Y. 65	M. 11	D. 4	Native of Germany	Occupation Tayler

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband / Wife of Elizabeth Kercheer

Father's Name Dont Know

Mother's Name Dont Know

Cause of Death — Primary: Heart Trouble — How long sick

Immediate: Generally Debility — Accident, Suicide, Homicide

Reported by J H Sherman M.D.

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full

Certificate of Death

Helen Grace Hammond

Town near Gist County Carroll MARYLAND

Died Month 5- Day 6- | Age Y. 1- M. 21 D. | Native of Md | Occupation —

Date 1904 -

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number ~~of children living~~

Husband of

Wife

Father's Name Thos. Hammond

Mother's Maiden Name Agnes Hammond

Cause of Death { Primary Spasms — Whs

Immediate Spasms

How long sick 6 hrs.

Accident, Suicide, Homicide

Reported by C. Walter Lon

Address Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838

Name in Full: Maria Hardy

CERTIFICATE OF DEATH

MARYLAND

49A

Died at: Town: Louisville / County: Carroll

Date of death: Month: May / Day: 21 / Year: 1904

Age: Years: 39 / Months: / Days:

Sex: Female

Color or Race: Colored

Birthplace: Virginia

Occupation: Housekeeper

Where Residing if not at place of death: Home

Married, Single or Widowed: Married

Name of Wife or Husband: David Hardy

Father's Name: John Thomas

Father's Birthplace: Virginia

Mother's Maiden Name: —

Mother's Birthplace:

Name of person giving information: David Hardy

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy.

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address: Dr S. N. Gorsuch Gamber, Md

Accident or Suicide?

8

LIBRARY BUREAU A86518

Thomas

Mackenzie

Name in Full: Nellie Margret Harris

CERTIFICATE OF DEATH

MARYLAND

489

Died at: Union Bridge — Town — Carroll — County

Date of death 1904: Month: May — Day: 20

Age: Years: 4 — Months: 7 — Days: 26

Sex: Female — Color or Race: White — Birthplace: Carroll Co

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Samuel E. Harris — Father's Birthplace: Carroll Co

Mother's Maiden Name: Dead — Mother's Birthplace:

Name of person giving Information: Samuel Harris — [illegible] Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Wall

Address: Union Bridge, Md

Accident or Suicide?

LIBRARY BUREAU A6U816

S. Gorter

Brabers Chemist

Name in Full

William Kindel

Certificate of Death

Town County

Died at Springfield Hospital - Sykesville MARYLAND

Y.	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904	5	7	Age 67			Md.	Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living —

Husband of
Wife

Father's Name Enoch Kindel

Mother's Maiden Name

Cause of Death — Primary: Chronic Nephritis — How long sick 5

Immediate: Uremia — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Chas J. Carey M.D.

Address Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Sarah Jane Leppo

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Windsor; County: Carroll

Date of death: Month: May; Day: 31; 1904

Age: Years: 80; Months; Days

Sex: Female

Color or Race: White

Birthplace: Westminster

Occupation:

Where Residing if not at place of death: New Windsor

Married, Single or Widowed: Widow

Name of Wife or Husband: Jacob Leppo

Father's Name: Wm Ouesler

Father's Birthplace: —

Mother's Maiden Name: Fr —

Mother's Birthplace: —

Name of person giving information: J. C. Buckey

How related to deceased: No

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malignant Tumor of abdomen

How long: One year

Immediate: —

How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. H. Brown M.D.

Address: New Windsor Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Mary Lockard

CERTIFICATE OF DEATH

MARYLAND

491

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mrs Smallwood — County: Carroll

Date of death 1904: Month: May — Day: 26

Age: Years: 82 — Months: 4 — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widow — Occupation: —

Name of ~~Wife or~~ Husband: John Lockard

Father's Name: George Ogg — Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Cupp — Mother's Birthplace: "

Name of person giving information: Mrs Lockard — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: —

Immediate: ~~Intestinal~~ Inanition — How long: a fortnight

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. H. Billingslea

Address: Westminster Md

Accident or Suicide? no

LIBRARY BUREAU A66516

Sharon

Deer Park Chapel

Name In Full

Certificate of Death

Aiken Birnie, Mrs Gee

Died at Town Tawstown County Carroll MARYLAND

Date 1904	Month May	Day 19	Age Y. 6	M. 5	D.	Native of Md	Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Geo McGee

Mother's Maiden Name Emma Monahan

Cause of Death: Primary Marasmus — How long sick

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Self Signs me

Address Tawny town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: James L Riggin

CERTIFICATE OF DEATH

Died at: Town: Springfield Hosp. Hospital County: Sykesville MARYLAND

Date of death: Month: May Day: 23 Year: 1904 Age: 45 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Oyster packer Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~: Name of ~~Wife~~ or ~~Husband~~: Olevia L Riggin

Father's Name: Thos Riggin Father's Birthplace: Md

Mother's Maiden Name: Louisa — Mother's Birthplace: Md

Name of person giving information: Mrs Olevia L. Riggin How related to deceased: ~~Wife~~ Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralytic Dementia How long: 2 yrs

Immediate: General debility How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas J. Carey

Address: Springfield Hosp. Hospital Sykesville Md.

Accident or Suicide? No

LIBRARY BUREAU A88018

Name in Full

Certificate of Death

No. 98

Nathan Hudson Reinhart

Died at Union Bridge (Town) Carroll (County) MARYLAND

Date 1904 Month 5 Day 6 | Age Y. — M. 9 D. 26 | Native of Carroll Co | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living —

Husband of —
Wife

Father's Name Edward Reinhart | Mother's Maiden Name Stitely

Cause of Death — Primary: Pneumonia | How long sick 1 wk.

Immediate | Accident, Suicide, Homicide

Reported by H. Hudson Brown

Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79695

Name in Full: Susan Shaeffer

CERTIFICATE OF DEATH

MARYLAND

484

Died at: Town: New Westminster — County: Carroll

Date of death 1904: Month: May — Day: 14 — Age: Years: 87 — Months: 11 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: Joseph Shaeffer

Father's Name: George Zacharias — Father's Birthplace: Maryland

Mother's Maiden Name: Lent Knox — Mother's Birthplace: —

Name of person giving Imformation: James Shaeffer — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility - Hepatic Cirhosis — How long: 10 or 12 years

Immediate: Exhaustion — How long: 18 hours

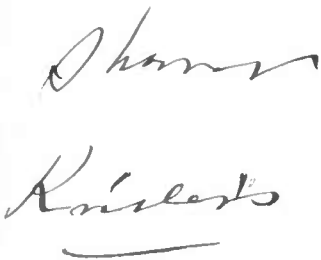
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas R Fouts

Address: Westminster Md

Accident or Suicide? —

LIBRARY BUREAU A66618



CERTIFICATE OF DEATH

MARYLAND

Name in Full: Christiana Shaffer

Died at — Town: Hampstead. — County: Carroll

Date of death 1904 — Month: 5 — Day: 23 — Years: 88. — Months: 8. — Days: 19

Sex: Female — Color or Race: White — Birthplace: Uffpuco. Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Andrew Shaffer.

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Mrs. S. J. Derr — How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility — How long: 3 mos.

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Edgar M. Bush.

Address: Hampstead, Md.

Accident or Suicide:

LIBRARY BUREAU A83316

D Ball & son Hampstead Md.

Name in Full: Marshall Grier Shaw

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Uniontown (County) Carroll

Date of death: Month May, Day 30th, 1904 — Age: Years 68, Months 11, Days 1

Sex: Male — Color or Race: White — Birthplace: Uniontown, Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Lanie Ellen Shaw. Orrison

Father's Name: William Shaw — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Sophia Creager — Mother's Birthplace: Maryland

Name of person giving Imformation: H. K. Hodee — How related to deceased: Son in-law.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 4 Weeks

Immediate: Heart Weakness — How long: 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Luther Kemp

Address: Uniontown Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William P. Shilling

CERTIFICATE OF DEATH

MARYLAND

49 W

Died at: Town: Sandyfields; County: Carroll

Date of death 1904: Month: May; Day: 26; Age: Years: 28; Months: 9; Days:

Sex: Male; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Retired

Name of Wife or Husband: Elizabeth C. Lewis

Father's Name: Murray Shilling; Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Gardner; Mother's Birthplace: Do

Name of person giving information: Elizabeth C. Shilling; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cardiac Dilatation & Asthma; How long: 3 or 4 yrs

Immediate: Pneumonia; How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. T. Herring

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A88518

Shares

Sandy Mound -

Name in Full: Margaret Taylor

CERTIFICATE OF DEATH

480

Died at: Town: Patapsco | County: Carroll | MARYLAND

Date of death 1904 Month: May | Day: 9 | Age: Years 71 | Months — | Days —

Sex: Female | Color or Race: White | Birthplace: Maryland

Occupation: — | Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married | Name of ~~Wife~~ Husband: John H Taylor

Father's Name: Aquilla Magee | Father's Birthplace: Maryland

Mother's Maiden Name: Kent Brown | Mother's Birthplace: —

Name of person giving Information: Edward A Spindle | How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia | How long: 1 week

Immediate: " | How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. D. Herring

Address: Westminster Md

Accident or Suicide? —

LIBRARY BUREAU A88016

Bethel

Skowhegan

Name in Full: Thomas Leslie Wagner

CERTIFICATE OF DEATH

MARYLAND

489

Died at: Town: near Westminster — County: Carroll

Date of death: Month: May — Day: 22 — 1904 — Age: Years: — Months: 1 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Carroll Co

Occupation: none — Where Residing if not at place of death: Home

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Charles H. Wagner — Father's Birthplace: Carroll Co

Mother's Maiden Name: Mary Haines — Mother's Birthplace: " "

Name of person giving Information: Charles H. Wagner — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Jaundice — How long: Do not know

Immediate: Hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Mathias

Address: Westminster Md.

Accident or Suicide?

LIBRARY BUREAU A86616

Slova

Amadeova Cesnaly.

Name in Full — Certificate of Death

Elizabeth Warner

Died at Town: Manchester — County: Carroll — MARYLAND

Date 1884 — Month: May — Day: 23 — Age: Y. 79 M. D. — Native of: Maryland — Occupation: Housewife

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 3

Husband / Wife of: Jacob Warner

Father's Name: Jacob Sherman — Mother's Name: Catherine Bear

Cause of Death — Primary: Diabetes — How long sick: Several years

Immediate — Accident, Suicide, Homicide

Reported by: Jacob H Sherman M.D.

Address: Manchester Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name In Full

Certificate of Death

Lewis E Weaver

Town

County

Died at Union Mills Carroll MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1904 July 17th | Age 12

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name William Weaver | Mother's Maiden Name Emma Brush

Cause of Death — Primary: Pulmonary congestion

Immediate: Convulsions

How long sick

Accident, Suicide, Homicide

Reported by J J Stewart

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full: Bertha May Witherow

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taneytown; County: Carroll

Date of death: Month: May; Day: 25th; 1904

Age: Years: 27; Months: 9; Days: 2

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Teacher

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: William H. Witherow

Father's Birthplace: Md

Mother's Maiden Name: Amelia Staub

Mother's Birthplace: Pa

Name of person giving Information: Wm Witherow

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Cerebro Spinal Meningitis

How long: 10 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. B. Birnie M.D.

Address: Taneytown

Accident or Suicide?

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LIBRARY BUREAU A88516

Name in Full: John Zahn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bird Hill — County: Carroll

Date of death 1904: Month: May — Day: 28 — Age: Years: 55 — Months: 1 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Carroll Co

Occupation: Farmer — Where Residing if not at place of death: Home

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabetta Zahn

Father's Name: John Zahn — Father's Birthplace: Germany

Mother's Maiden Name: Elizabetta Eraley — Mother's Birthplace: Carroll Co

Name of person giving information: Elizabetta Zahn — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 6 months

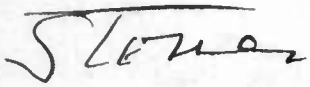
Immediate: " — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno T. Henry

Address: Westminster

Accident or Suicide?

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